

FORM 4-61

(1)

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

D. O. YOU. NO. \_\_\_\_\_

Use continuation sheet(s) if necessary

BU. YOU. NO. \_\_\_\_\_

Page 1 of 1

PAID BY

U. S. \_\_\_\_\_  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

Payee's Account No. \_\_\_\_\_ Discount Terms \_\_\_\_\_

TO Baird-Atomic, Inc.  
(Payee)

Cambridge 38, Massachusetts

(Address)

Contract No. TM-1606 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_  
Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Govt. B/L No. \_\_\_\_\_

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		<u>Invoice No.</u> 5241-11 (Orig. Inv. Att) 5187-34 (Orig. Inv. Att)				\$1,121.56 85.00
TOTAL						\$1,146.56

PAYMENT:

COMPLETE ☐  
PARTIAL ☐  
FINAL ☐  
PROGRESS ☐  
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES \_\_\_\_\_

Amount verified; correct for \_\_\_\_\_  
(Signature or initials)

† Approved for \_\_\_\_\_ = \$ \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Exchange rate \_\_\_\_\_ = \$1.00

Pursuant to authority vested in me, I certify that

12/26/61 STAT  
(Date)  
acting Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE  
ACCOUNTING CLASSIFICATION (Appropriation Symbol)

Paid by { Check No. \_\_\_\_\_ on Treasurer of the United States  
Check No. \_\_\_\_\_ on \_\_\_\_\_ (Name of Bank)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19 \_\_\_\_\_ Payee \_\_\_\_\_

\* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Per \_\_\_\_\_  
Title \_\_\_\_\_

**Baird****33 University Road, Cambridge 38, Massachusetts**ANALYTICAL & CONTROL  
INSTRUMENTS

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

**TERMS: NET 30 DAYS**

YOUR ORDER


YOUR ORDER

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WASHINGTON, D. C.

Encl #2  
DPD 7929-G1  
COPY / OE<sup>2</sup> STAT

DATE ORDER RECEIVED	CUSTOMER'S PURCHASE ORDER NO.	SCHEDULED SHIPPING DATE	SALESMAN	INVOICE NUMBER
	TM-1606 Common Customer			5241-11
SHIP VIA	F.O.B. POINT	DATE SHIPPED INVOICE DATE	CARRIER'S RECEIPT NUMBER	
		11/30/61		

QUANTITY DUE	SHIPPED TODAY	MODEL PART NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
			<b>SERVICES FOR NOVEMBER 1961:</b>		
			<b>WORK ORDER NO.</b>	<b>HOURS WORKED</b>	<b>HOURLY RATE</b>
		62-15		65.3	7.91 ✓
		62-19		53.0	7.91 ✓
		62-20		8.0	7.91 ✓
		Total Labor		126.3	7.91 ✓
			<b>FACILITY MAINTENANCE FEE</b>		50.00 ✓
			<b>TRANSPORTATION OUT (Receipts Attached):</b>		
		BOS 57552	62-20	17.01	
		BOS 57551	62-15	20.66	
		BOS 44700	62-12	8.43	
		" "	62-16	8.44	
		BOS 44698	62-13	8.99	
		" "	62-15	9.00	
					72.53 ✓
			<b>AMOUNT SUBMITTED FOR REIMBURSEMENT</b>		1,121.56 ✓
			We certify that the above bill is correct and just; that payment therefor has not been received.		
			By  ler		STAT

25% 280.39  
75% 841.17  
100% 1121.56

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040033-5

**LIVER** AIR FREIGHT CORPORATION

IMPORT - NT

TO INSURE PROPER CREDIT PLEASE RETURN DATE INVOICE WITH PAYMENT OR SHOW OUR INVOICE NUMBER ON YOUR REMITTANCE.

REMIT TO P.O. BOX 7, SCRANTON, PA.

INVOICE NUMBER

**57552**

DATE

11-27-61



STAT

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P O BOX 232  
CAMBRIDGE 38, MASS

PAY THIS AMOUNT  
17.01

SIGNED FOR SHIPPER BY

*Paid by CK 18175 (12/5/6)*

DEPT. OR ORDER NO.

NO. PIECES

DESCRIPTION AND MARKS

WEIGHT

1

Box Electrical Equipment

W.O. 62-20

7

SPECIAL INSTRUCTIONS

7-0500

J.O. 5241

RECEIVED BY EMERY AIR FREIGHT AT:

SHIPPER'S DOOR ☒ EMERY TERMINAL ☐ OTHER CARRIER'S TERMINAL ☐ TIME/DATE PER 11/27 1300

LENGTH X WIDTH X HEIGHT = CUBIC INCHES

2

TARIFF DESTINATION

MCN

FOR E.A.F. USE ONLY

CHARGES

AIR FREIGHT

SCALE NO.

89

1701

PICKUP

DELIVERY

CHARGES ADVANCED  
AT ORIGIN

AT DESTINATION

FEE (FOR )

VALUATION CHARGE

OTHER

SHIPPER'S C.O.D.

C.O.D. FEE

TOTAL CHARGES

1701 ✓

STAT

THIS IS YOUR INVOICE COVERING TRANSPORTATION OF THE SHIPMENT DESCRIBED ABOVE. GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS.

ORIGINAL INVOICE

FORM OA-1 PRINTED IN U.S.A.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040033-5

**EMERY AIR FREIGHT CORPORATION**

INVOICE NUMBER

**57551**

IMPORTANT

TO ENSURE PROPER CREDIT PLEASE RETURN DL DATE INVOICE WITH PAYMENT OR SHOW OUR SERVICE NUMBER ON YOUR REMITTANCE.

SEND TO **P.O. BOX 7, SCRANTON, PA.**

DATE

**11-15-61**

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**P.O. BOX 232  
CAMBRIDGE, 38, MASS**

**PAY THIS AMOUNT**

**20.66**

SIGNED FOR SHIPPER BY

*Paid by CR 11044 (12/8/6)*

DEPT. OR ORDER NO.

NO. PIECES

DESCRIPTION AND MARKS

WEIGHT

1

**Box Electronic Equipment**

*62-15*

**33**

SPECIAL INSTRUCTIONS

*7-0500 J.O. 5241*

RECEIVED BY EMERY AIR FREIGHT AT:

SHIPPER'S DOOR ☐ EMERY TERMINAL ☒ OTHER CARRIER'S TERMINAL ☐

LENGTH ☒ WIDTH ☒ HEIGHT ☐ = CUBIC FEET

TARIFF DESTINATION

*mcN*

FOR E.A.P. USE ONLY

CHARGES

AIR FREIGHT (*33.00*)

**20.66** STAT

PICKUP

DELIVERY

CHARGES ADVANCED  
AT ORIGIN

AT DESTINATION

FEE (FOR)

VALUATION CHARGE

OTHER

SHIPPER'S C.O.D.

C.O.D. FEE

**TOTAL CHARGES**

**20.66** STAT

**POSTED**

**2**

THIS IS YOUR INVOICE COVERING TRANSPORTATION OF THE SHIPMENT DESCRIBED ABOVE. GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS.

ORIGINAL INVOICE

FORM OA-1 PRINTED IN U.S.A.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040033-5

**IMPORT**

TO INSURE PROPER CREDIT PLEASE RETURN DL. DATE INVOICE WITH PAYMENT OR SHOW OUR INVOICE NUMBER ON YOUR REMITTANCE.

REMIT TO **P.O. BOX 7, SCRANTON, PA.**

INVOICE NUMBER

**44700**

DATE

**11/16/61**

TO: **Project Director, The White House, 1600 Pennsylvania Avenue, Washington, D.C. 20503**

OTHER ACCOUNT OF APPLICABLE ONLY WHEN CHARGES ARE TO BE PAID BY OTHER THAN SHIPPER (SEE INSTRUCTIONS)

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**P.O. BOX 232  
CAMBRIDGE 38, MASS**

**3572**

PAY THIS AMOUNT

**16.87**

TARIFF DESTINATION **MCN** FOR E.A.F. USE ONLY

STAT

CHARGES

AIR FREIGHT (SCALE NO. <b>39</b> )	<b>16</b>	<b>87</b>
PICKUP		
DELIVERY		
CHARGES ADVANCED AT ORIGIN		
AT DESTINATION		
FEE (FOR )		
VALUATION CHARGE		
OTHER		
SHIPPER'S C.O.D.		
C.O.D. FEE		
TOTAL CHARGES	<b>16</b>	<b>87</b>

STAT

SIGNED FOR SHIPPER BY

**Paid by CK 10657 (11/24/61)**

DEPT. OR ORDER NO.

NO. PIECES	DESCRIPTION AND MARKS	WEIGHT
<b>1</b>	<b>Box Electrical Equipment</b>	<b>6</b>

**62-12  
62-16**

SPECIAL INSTRUCTIONS

**J.O. 5241**

**POSTED**

RECEIVED BY EMERY AIR FREIGHT AT:

SHIPPER'S DOOR ☒ EMERY TERMINAL ☐ OTHER CARRIER'S TERMINAL ☐

LENGTH ☒ WIDTH ☒ HEIGHT ☐ CUBIC INCHES

**2**

THIS IS YOUR INVOICE COVERING TRANSPORTATION OF THE SHIPMENT DESCRIBED ABOVE. GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS. ORIGINAL INVOICE FORM OA-1 PRINTED IN U.S.A.



Approved For Release 2008/12/02 : CIA-RDP67B00539R000700040033-5

INVOICE NUMBER

IMPORTANT

TO INSURE PROPER CREDIT PLEASE RETURN DUPLICATE INVOICE WITH PAYMENT OR SHOW OUR INVOICE NUMBER ON YOUR REMITTANCE.

SHIP TO P.O. BOX 7, SCRANTON, PA.

BOS

44698

DATE 11/10/61

TO: Project Dragon II, Western Station, 4th Military Area, Rabun Gap, Georgia. Mark Lee, Warehouse IV, Marietta, GA.

ACCOUNT OF (APPLICABLE ONLY WHERE CHARGES ARE TO BE PAID BY SOMEONE OTHER THAN SHIPPER OR CARRIER)

B STAT L T O		P. O BOX 232 CAMBRIDGE 38, MASS		3572		TARIFF DESTINATION MCN		FOR E.A.F. USE ONLY	
SIGNED FOR SHIPPER BY Paid by 10759 (11/21/61)				DEPT. OR ORDER NO.				CHARGES	
NO. PIECES				DESCRIPTION AND MARKS				WEIGHT	
1				Box Electrical Equipment				17.99	
SPECIAL INSTRUCTIONS 2-0500 J.O. 5241 Work Order 62-13 42-150				TIME/DATE 11/16/61				SHIPPER'S C.O.D.	
LENGTH				WIDTH				HEIGHT	
X				X				=	
CUBIC INCHES				DIMENSIONAL WEIGHT				TOTAL CHARGES	
2				17.99				17.99	

THIS IS YOUR INVOICE COVERING TRANSPORTATION OF THE SHIPMENT DESCRIBED ABOVE. GOVERNMENT REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS. ORIGINAL INVOICE FORM OA-1 PRINTED IN U.S.A.



33 University Road, Cambridge 38, Massachusetts

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

ANALYTICAL & CONTROL  
INSTRUMENTS

TERMS: NET 30 DAYS

YOUR ORDER


YOUR ORDER

Encl #1  
DPD 7929-61  
COPY 1 OF 3

STAT-  
OLD  
TO

WASHINGTON, D. C.

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DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO.		SCHEDULED SHIPPING DATE		SALESMAN		INVOICE NUMBER	
		TM-1606 Customer C						5187-34	
SHIP VIA				F.O.B. POINT		DATE SHIPPED INVOICE DATE		CARRIER'S RECEIPT NUMBER	
						11/30/61			
QUANTITY DUE	SHIPPED TODAY	MODEL PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			SERVICES FOR MONTH OF NOVEMBER 1961:						
			FACILITY MAINTENANCE FEE				X728-1017-0176(740)	25.00	
<p>We certify that the above bill is correct and just that payment therefor has not been received.</p> <p>By </p>									
<p>Dec 21 11 32 AM '61</p>									

STAT

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938 AS AMENDED